

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. MICHAEL OLEYAR Jr**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Mailing Address 230 COLLINS INDUSTRIAL WAY APT 104

City	State	Zip Code
LAWRENCEVILLE	GA	30043-8487

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB28A\_24859047**

Amount of Each Disbursement this Period

25.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Refund of contribution, initially earmarked for  
DEMOCRATIC SENATORIAL CAMPAIGN  
COMMITTEE (C00042366)

Full Name (Last, First, Middle Initial)

**B. MICHAEL OLEYAR Jr**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Mailing Address 230 COLLINS INDUSTRIAL WAY APT 104

City	State	Zip Code
LAWRENCEVILLE	GA	30043-8487

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB28A\_24724057**

Amount of Each Disbursement this Period

5.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Refund of contribution, initially earmarked for  
DEMOCRATIC SENATORIAL CAMPAIGN  
COMMITTEE (C00042366)

Full Name (Last, First, Middle Initial)

**C. MICHAEL OLEYAR Jr**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Mailing Address 230 COLLINS INDUSTRIAL WAY APT 104

City	State	Zip Code
LAWRENCEVILLE	GA	30043-8487

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB28A\_24898620**

Amount of Each Disbursement this Period

8.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Refund of contribution, initially earmarked for  
DEMOCRATIC SENATORIAL CAMPAIGN  
COMMITTEE (C00042366)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

38.00
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